"The effect of this super-excess of liquor amnii upon the process of labour is generally, indeed I may say always, to retard it. The pains are constant, but not severe—not amounting to the degree of a regular labour pain; but yet they are most teazing to the patient. Very many hours, or even days, as we have seen, may be consumed in this way, before the os uteri will have reached the size of a penny. Under circumstances such as these, and where the accession of labour has evidently taken place, there may be no hesitation about letting off the water, with such precautions as the position of the fœtus may call for." * *

Dr. McC. thinks that the facts he has adduced enlighten on the following important points:—

"1. Dropsy of the ovum certainly does *not* depend on any dropsical diathesis of the patient herself. This fact, I think, is clearly established.

"2. There is no doubt, also, that it may occur quite independently of any dropsical condition of the fœtus, such a concurrence being but very rarely met with; and hence being, we may presume, purely accidental.

"3. It is not constantly associated with any appreciable morbid condition of the membranes or placenta; at least in some exceptional cases only did they present any deviation from their ordinary appearance.

"4. The cause of the dropsy would seem to be a purely local one. This is inferable from the frequently observed fact that in pleural pregnancies, where the disease was present, it was confined, in every instance, to one ovum only.

"5. My experience of this disease does not lead me to think that it has any connection with syphilis. In only one of all the cases on which these observations are founded was there any just ground for supposing the woman to be infected with syphilitic poison. In this exceptional case, father, mother, and child, all presented unequivocal venereal symptoms.

"With regard to the *functions* of the amnion, we meet with three classes of facts which help to illustrate them:—

"1. Cases of plural births occasionally are met with in which one of the fœtuses having been blighted, the fluid contents of its enveloping amnion have disappeared. This I would attribute to its absorption by the membrane itself.

"2. Again, we meet with cases in which the liquor amnii presents a very altered appearance—all its sensible characters being changed, and, instead of being transparent, thin, and inodorous, it is thick, turbid, and fetid. This is an instance of morbid or perverted secretion.

"3. Lastly, we have seen that the quantity of the secretion may be enormously increased.

"These facts all concur in strengthening the analogy between the amnion and serous membranes, by showing that it can, under certain circumstances, *increase*, *absorb*, or *alter* its proper secretion.

"All this does not carry us far, however, towards explaining how the disease in question is produced. But I believe we must rest content with this limited amount of knowledge till physiologists make us better acquainted with the vital constitution of the amnion and other temporary organs concerned in the nutrition and development of the fœtus."

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48. *Unusual Density of the Amnion.*—Dr. Sawyer read before the Obstetrical Society of Dublin (Jan. 10, 1863) a paper on this subject.

On the 8th of June, 1861, he was hurriedly sent for to see a woman at the hospital whose "womb was turned inside out." On going to the labour-couch he found a nurse of considerable experience in a state of trepidation, pressing a napkin against the vulva. On examination he found a dark mass, about the size and shape of a small melon, protruding. On pressing the tumour the fluctuation relieved his mind. He found the womb of the usual size, and the amnion unusually dense and opaque, the rent through which the child passed being unusually small. In the next case he had had forty-eight hours' suspension of labour from density of the amnion. The Registrar requested him to visit Mary M——, and stated that as all pain had ceased for the two last days, he had the forceps with him, a number of pupils being on the look-out for an operation. On reaching the house he (Dr. Sawyer) found the place crowded with people, one of whom, recognizing him, cried out, "Oh, here's th' ould docther; run for the priest,

Biddy," an expression of her confidence which he duly appreciated (laughter). The woman's health had been good. It was her fourth child. Labour pains set in on Thursday night, and continued until the following Friday evening, when they gradually ceased. The midwife thought the waters had broken, but as the woman had incontinence of urine for some weeks, she could not be certain. The great size of the uterus convinced him that the membranes were whole. He found the os greatly dilated, and concluded that the delay was caused by over-secretion and the unusual density of the membranes. He gave her half a drachm of ergot in a tumbler of punch, and in ten minutes the bag became prominent, but he could not rupture it, either with his finger or tooth-pick, and was obliged to resort to the bistoury, when the waters rushed out, and labour was complete. His third case was one that occurred early in December. In the first confinement of the patient he had had the privilege of Dr. Churchill's assistance; and in her second confinement, in which there was a remarkable case of secondary hemorrhage, he had the advantage of Dr. Kidd's assistance. When called in on the last occasion, the second stage was completed. Having in her first confinement experienced considerable difficulty in suppressing hemorrhage, he took more than usual care. He put on the binder, and placed a dry napkin over the vulva. He then left the room for fifteen minutes, and on returning, the nurse showed him the napkin quite dry. Struck, however, with the pallid hue of the patient, he took off the binder and passed his hand up the vagina, when he found a soft tumour protruding through the partially closed cervix. While making the examination, there was a most alarming rush of blood, followed by contraction of all portions of the uterus, compelling him to extract the uterus.—*Dublin Med. Press*, Jan. 21, 1863.

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49. *Dislocation of the Ensiform Cartilage during Pregnancy.*—Dr. ROBERT SIM relates (*Edinburgh Medical Journal*, February, 1863), the following unique case of this accident:—

"The lady in whose case the eversion took place is rather under middle height, of a symmetrical form, and in the prime of life.

"About the end of the sixth month of her recent pregnancy, which was her fifth, she began to complain of great pain in the right side; but, as Dr. Mackay observes, it would be difficult to ascribe this pain to the eversion of the ensiform cartilage. There was pain at the place where it was turned over, but there was also great pain lower down, in the right hypochondriac region, the cause of which I must leave to you to explain, as I know of no satisfactory reason given for the existence of these very violent pains, sometimes so distressing, during the last months of pregnancy.

"The patient was delivered of twins in the month of October last, and my attention was drawn by her to a 'lump' under the right mamma, a few days after the confinement. I must tell you that this lady lives in constant dread of cancer of the breast, and that, when she drew my attention to the swelling, she evidently supposed it to be a scirrhous tumour. For two or three days I was afraid that her fears were too justly entertained; but, after observing the tumour for a few days longer, I was gratified to find that it was gradually diminishing in its circumference, and that the hard central part was also changing its form and position. In short, I soon discovered that the hard central part of the swelling, which remained after the disappearance of the surrounding tumefaction, was simply the ensiform cartilage, which had been gradually everted, pressed upwards, and turned over to the right side by the encroachment of the gravid uterus. On the uterine pressure being removed, the cartilage gradually rose from its abnormal position. At first I could hardly insert my forefinger between it and the cartilages of the ribs on which it lay. After some time it was at right angles to the sternum, and thenceforth its progress to its own place was more rapid. At the end of the sixth week from parturition, the cartilage had resumed its proper position.

"There was nothing unusual in the labour. Its duration was only about three hours. The presentations were—first feet, next head. The liquor amnii was not unusually abundant, nor was there anything remarkable about the size